

CEDAR NORTH/CEDAR SOUTH STAFF MEETING SUMMARY

Subject: CN/CS Staff Meeting

Date: February 4th, 2026

Time: 8:45a-11:00a

Inservice's:

- ❖ **Safety/Health Review:** Check winter attire for all individuals (hat, coat, mittens, boots). Make sure the ice melt buckets are full.
- ❖ **Emergency Procedures:**
 - CN-Margaret for Fire Drill/Smoke Detector Bedroom#2
 - CS-Laura for Fire Drill/Smoke Detector/Bedroom #2
- ❖ **Nursing Inservice:** Standing Orders policy and Standing Orders Document Policy, PRN Policy and Documentation Form, Medication Error Policy Review and Reporting
- ❖ **Program Policies (assigned in STAR):** Drug and Alcohol Policy, Documentation Policy and Physicians Order Log.
 - **Meeting Review:** Push water as much as possible with the clients to stay hydrated.
 - Monitoring portion control at mealtimes using measuring scoops and limiting second helpings except for CP.
 - If tri-valley bus is not running but there is OCD and DAC staff must transport clients to destination of Warren
 - Using extra precautions with CP since diagnosis of ringworm when doing his cares and laundry.
 - If you must be absent for any reason of your shift you need to find your own replacement as best as possible, if cannot notify supervisor with DCC first then the DCA as last resort.
 - Documentation in behavior plans (if you do not know or understand how to do this on your shift, please see program supervisor for training on this.
 - CP ensure will be changed to 9am for the morning on the MAR and teeth will be 7PM for evening.

CN Individual Reports:

- **Dylan:** DIET – REGULAR DIET- WEIGHT – 186.4 (-2.1)
Appts: On the 8th Dylan went to the Dr. and was diagnosed with Influenza A

Concerns: none currently

Outings: Dylan does meals on wheels and coupons at the grocery store on Friday mornings, went to the Farmer Dell and played piano at NVHC.

Notes:

Exercise: Dylan rides a bicycle daily (either inside or outside) and will go for walks with staff.

- Outcome: Choose a community site to do volunteer work with at least 1x/week

- **Hailey:** DIET – REGULAR DET – WEIGHT – 160.1 (+3.9)

Appts: Hailey had an appointment on the 13th for a follow up of her being in the hospital overnight and her annual meeting was held on the 14th at the DAC.

Concerns: Please watch Hailey's portions at mealtimes. Hailey should not have gummies during the week as this is a Saturday only thing with her popcorn, also watch her intake of pretzels during the week for snack (watch portion) Please make sure Hailey is cleaning up her mess around her chair area on living room before leaving for DAC and any outings. Hailey should ride the exercise bike for at least 5 minutes a day.

Outings: Hailey will start horse therapy sessions again on Feb 2nd , went to the Farmer Dell x2, and a pizza birthday party at the DAC.

OT/PT Exercise Program: Encourage Hailey to get up and walk/exercise every hour when she is at home.

- Outcome: Weekly, Hailey will explore new leisure activities so she can identify interests she enjoys and can do during her free time.

- **Sandra:** DIET – TO HAVE 2-3 CARB CHOICES AT EACH MEAL AND 1/2C PORTIONS; SNACKS ARE TO BE 1 CARB – WEIGHT: 187.8. (+1#)

Appts: Sandra seen Dr.Zach's, the dentist (DR. Saylor) and Brenda King for appointments. .

Concerns: When Sandra empties the dishwasher, she needs to pull her hair up in a ponytail and wash hands and/or wear gloves. Please be aware of Sandra's meal portions. Remind Sandra to ride the bike and use the sun lamp every day for 30 minutes. Sandra would like a 3pm snack only (not a night snack). Please be careful when addressing Sandra with something she may be doing that is wrong as she can get defensive so may need redirection. Staff please assist Sandra in cleaning her CPAP weekly on Saturdays as Sandra will say she did it but is unsure if it is being done correctly or at all.

Outings: Sandra works at the lumbar yard and cleaning the MCGH office during the week. Sandra went to the Farmer Dell, the library and to see her son in Crookston. Sandra ate at Burger King in Grand Forks after an appointment.

Notes:

Exercise: Sandra is encouraged to exercise daily on her own, choosing what she wants to do for exercise.

- Outcome: 1. To be more involved in community events – engage in St. Rose Church activities (serving funerals, be a greeter, work at the Fall Bazaar)

- **Vinette:** DIET – PUREED FOODS, HONEY-THICK LIQUIDS, 1/2C PORTIONS -WEIGHT 172.4 (-3.3)

Appts: On the 9th of January Vinette had a haircut appointment.

Concerns: Please do not let Vinette use the vacuum cleaner. Please look at Vinette's MAR for

her different creams that are prescribed as they do change.

Outings: Vinette went to the Farmer Dell x2 and also does her music therapy on Fridays.

Notes:

OT/PT Exercise Program: Neck massage daily, exercise program BID, exercise bike, walking program daily w/ counting wooden pieces to track; finger board (located on living room wall) once a day.

- Outcomes: 1. Vinette will attend church services or watch church services on television twice a month
- 2. Monday - Thursday, after returning from the ODC, Vinette will unpack her lunchbox and put her dirty dishes in the sink and place her lunch box on the kitchen counter.
- 3. Have her fingernails polished two Sunday afternoons/month

CS Individual Reports:

- **Gary:** DIET - REGULAR DIET 1/2C SERVING PORTIONS
- **WEIGHT:** 168.9 (-09 oz)

Appts: No Appointments for Gary for past month of January.

Concerns: Gary has gotten better with staff with using his walker but still a concern with him walking too far way from it and he needs redirection.

Outings: Attends ODC 5x a week now Monday – Friday. Gary’s birthday was celebrated at the group home. Gary’s brother came and took Gary out to dinner at the Dell. Gary received a lot of phone calls for his birthday and did miss a week of ODC due to bad weather.9

Notes: Push more water out though the day and have him sit either before meals or after meals on the toilet and he needs to sit longer to have a BM.

OT/PT Exercise Program: Has an exercise program that was provided by an OT following an evaluation. This program is laminated and posted in his bedroom for staff to use.

- Outcomes: 1. Gary will correspond with family and friends by making phone calls or mail monthly, with staff assistance.
- 2. Once a month, Gary will participate in a community outing by choosing a restaurant to eat at, with verbal prompting from staff.

- **Diane:** DIET – PUREED FOODS AND NECTAR THICK LIQUIDS, 1/2C SERVING PORTION CONTROL; ASSIST OF 1 AT ALL TIMES WHEN WALKING WITH FRONT-WHEELED WALKER; ASSIST OF 1 FOR TRANSFERS
- **WEIGHT:** 126.3 (-.01 oz)

Appts: Semi-annual meeting at the Polk County DAC. On 1/21 dental appointment was rescheduled due to weather for March 30th. On 1/30 Diane had lab work drawn in warren at NVHC.

Concerns: Please watch Diane when she is consuming food as she will either eat too fast and/or pocket the food in her mouth.

Outings: Attends DAC 3x a week in East Grand Forks.

Notes: Diane needs to sit at least 20 minutes when toileting to have a BM, also push more water drinking with her.

Schedule outings for Tues, Fri, Sat or Sun each month for Diane 1:1

OT/PT Exercise Program: plantar fascia exercises to feet/ankles daily in am, upper extremity peddle bike 5-10 minutes daily; PROM to lower extremities 3x/day; sit to stand exercises for 30 second durations 5-10 reps, ambulate with walker, gait belt and 1 assist during the day

- Outcome: 1. Diane will participate in leisure activities of her interests in music, eating out and movies, in the community, 1x/month.

- Corrie: DIET – REGULAR DIET; REGULAR LIQUIDS; NO PORTION CONTROL - WEIGHT: 99.3 (+.3)

Appts: Wyatt from Altru Ortho on January 8th to which Corrie was fitted for his swash brace, however the measurements were off and he will be seen on 2/2/26. The appointment on 2/2 is rescheduled due to diagnoses of ringworm and is scheduled for 2/16. Corrie had a follow up appointment from ER visit, and he was to have a dental appointment but was rescheduled due to weather.

Concerns: Corrie's weight is still a concern; his weight is checked every Tuesday trying to get his weight up. Staff please be sure to give him his ensure/Boost with ice cream. Corrie can still be a picky eater so may need to be creative when feeding him at times.

Outings: Corrie went to McDonalds in East Grand Forks and took a drive around warren.

Notes: **Please push more water throughout the day**

Ensure staff is using handwashing and precautions as Corrie was diagnosed with ringworm and this can spread easily.

Schedule outing each month on a Saturday just for Corrie.

Exercise Program: Ambulate 2-3x a day for 30 ft with a gait belt and two staff.

- Outcomes: 1. Corrie will spend time in the community, x1/month, watching community members engaged in activities (walking, shopping, playing, visiting, etc)

Meeting Minutes, Policies and Trainings to be acknowledged in Star Services by each staff member.

The next monthly staff meeting will be held Wednesday, January 7th, 2026 at 8:45am.

STAFF MEMBERS PRESENT:

Name:	Position:	Name:	Position:
Janelle Fick	PS	Jennifer Yutrzeuka	DCS
Angela Wick	ONP	Lori Weber	DCS
Henrietta Linder	RN	Margaret Deschene	DCS
JoAnn Saunders	LPN	Carol Urbaniak	DCC
LizAnderson	DCS		
Rachel Lopez	DCC	Helen Gilster	DCS
Kim Kostrzewski	DCA	Marilyn Huderle	DCS
Amy Wheeler	DCA	Gena Henrickston	DCS
Susan Kuhn	DCS	Authorized by Janelle Fick, Program Supervisor	



Documentation Policy

I. POLICY

It is the policy of this DHS licensed provider, Marshall County Group Homes, Inc. (MCGH) to meet records requirements set in 245 D.0095. MCGH will ensure that the content and format of consumer records, personnel, and program record are uniform and legible.

II. PROCEDURES

Consumer documentation: documented work on a goal, health concerns, social activity, outings/social contacts, any new or unusual behavior and other activity that is not the recipient's normal routine.

T-Logs

T-Logs for recipients are the most appropriate place to note that the plan of care has been evaluated. The T-Logs provide evidence that regular evaluation is taking place. For recipients: document work on goals, health concerns (such as Dr. appointments, health changes, new treatment, medical concerns, etc.), social activity, behavior, and other activity that is not the recipient's normal routine.

T-Logs are an important method of communicating information to all employees. It is also important to remember the issue of confidentiality, being objective and using clear understandable language. Before you start to write think about who is going to be reading the documentation.

T-Logs are not intended to contain long stories about the day-to-day occurrences for a client. Neither should they contain an employee's subjective response to a situation that has occurred. If an employee has a concern or opinion, they should bring it to the attention of the Resident Program Supervisor (RPS). T-Logs should not contain information that is repeated elsewhere such as on a client's care plan, MAR, Physician orders or log, incident/accident, or behavior report, quarterly, semi-annual, annual reports, or other reports completed by MCGH.

T-Logs are where new treatments or strategies for managing the clients day-to-day can be recorded and to flag that the care plan needs to be or has been altered. T-Logs help in maintaining a record of continuity of care and quality of care to the standards that are required by MCGH and the licensing requirements. They reflect client care in a legal document which can be used to protect the organization/employees if there is a claim made against them by the recipient, family, or legal guardian.

When typing T-Logs, you will need to ensure that they are of the highest quality to meet legal and MCGH standards.

*****It is important to keep the following points in mind*****

1. Remember T-Logs are about the client only.
2. These are permanent records and may be required for legal purposes.
3. Your typing should be clear and complete with proper spelling, punctuation, and grammar.
4. Only use approved abbreviations for MCGH. NO TEXT abbreviations.
5. Be accurate, concise, factual, and present the information in a logical order.
6. Do not record your personal subjective opinions.
7. Do not record the options/thoughts of others outside MCGH.
8. Use quotation marks when recording a direct statement from the client.
9. Consider who is going to read the document, why it is being written and what effect it is intended to have.



Documentation Policy

10. Write events in order that they happened and as soon as practical after they happen. Please add follow up notes if you are following up on a T-Log that has already been typed up.
11. DO NOT write the names of others in the T-Logs: use staff, housemate, or consumer.
12. No entry concerning a client's care or treatment given should be made on behalf of another employee.



REPORTING MEDICATION ERRORS POLICY

I. Policy

- A. It is the policy of this DHS licensed provider Marshall County Group Homes, Inc. (MCGH) to provide safe medication setup, assistance, and administration. Any medication errors will be monitored by facility nursing staff.

II. Procedures

- A. If a medication error is discovered, the Direct Care Coordinator (DCC) or person discovering the error must call the employee who was responsible for administration of the medication/treatment and ask them if they properly gave the medication as prescribed. If they did and the medication count confirms this the employee who is responsible will return to the facility and properly document.

When an error has occurred:

1. The program nurse ***must be notified immediately*** by telephone. Allow time for the nurse to call you back, however, if the error is of such a nature that you feel it needs an immediate response, call the prescriber or Emergency Room nurse.
2. The Nurse will determine if an error has occurred and at her discretion give instructions for the immediate care of the individual and may call other health care professionals such as a physician if necessary.
3. Medication error reports are done in Therap. The form is under the General Events Report. Select medication error under event type. Make sure you put the notification as high. The form is to be filled out by either the employee who made the error or the person who discovered the error within a reasonable amount of time. **If person making the error is unknown, the employee discovering the error will complete the form.** All questions must be answered completely. The form is signed by the employee who discovered the error, and the facility nurse.

There must be follow-up charting that reflects any adverse effects for the consumer as a result of the error in the progress notes.

If more than one recipient is involved in the error, a Medication Error form must be completed for each consumer.

It is the responsibility of the DCC to review the MAR regularly to ensure staff are initialing off medications and treatments. If an employee has not signed off a medication/treatment that was administered, it is the responsibility of the DCC to call and request the employee come to the facility and sign off the medication(s) or treatment(s). A note must be left in the MAR regarding the omission of sign off.

Protocol for Medication Error Review:

- When facility nurse completes the quarterly medication review and it is noted an employee has a pattern of medication/treatment errors the employee will be required to meet with the facility nurse to review the concern(s). Nurse discretion will be used to determine corrective action to be taken depending on seriousness of Medication/Treatment error(s). If Termination or disciplinary action is to be considered the nurse will have a discussion with the Administrator to determine appropriate course of action.



MEDICATION OR TREATMENT ERROR OR REFUSAL REPORT

Name of person served:

Date of error or refusal:

Date of discovery, if different:

Instructions

- This report will be completed if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by staff or the person served or by refusal by the person.
- Staff will notify the assigned nurse or nurse consultant, if applicable or the Designated Coordinator and/or Designated Manager or designee upon the discovery of the error or refusal.

The following medication or treatment was involved in this error or refusal:
Medication or treatment name(s) and order:

Staff will check the applicable boxes to indicate the nature of the medication-related event

<input type="checkbox"/> Medication given at wrong time	<input type="checkbox"/> Medication was given on wrong date	<input type="checkbox"/> Medication refused
<input type="checkbox"/> Medication given to wrong person	<input type="checkbox"/> Medication given by wrong route	<input type="checkbox"/> NA-not a medication-related event
<input type="checkbox"/> Incorrect medication dose given	<input type="checkbox"/> Medication was not given	<input type="checkbox"/> Other:

Staff will check the applicable boxes to indicate the nature of the treatment-related event

<input type="checkbox"/> Treatment not performed correctly as prescribed	<input type="checkbox"/> Treatment refused
<input type="checkbox"/> Treatment was not completed	<input type="checkbox"/> NA-not a treatment-related event
<input type="checkbox"/> Treatment was completed on wrong date	<input type="checkbox"/> Other:

Was the error that occurred as a result of staff error or the person served?

Staff:

Person served:

Follow up orders per Nurse or Doctor or ER Nurse:

The following notifications were made regarding the error or refusal:

Assigned nurse or nurse consultant: _____ Date: _____

Designated Coordinator and/or Designated Manager or designee: _____ Date: _____

Prescriber: _____ Date: _____

Legal representative: _____ Date: _____

Case manager: _____ Date: _____

Other designee: _____ Date: _____

Staff completing the report Date

Nurse Reviewing the report Date



POLICY FOR STANDING ORDERS AND PRESCRIPTION PRN MEDICATION

(Non-prescription/over-the-counter drugs and Prescription PRN medications)

1. Standing orders, if used, must be approved by the physician in writing annually.
2. Drugs listed in the standing orders must correspond with the stock supply.
3. DCC should review Standing orders for expiration and dispose of expired medications per the Medication Destruction Policy.

Documentation for PRESCRIBED PRN MEDICATIONS

1. ***Prescribed PRN Medications*** orders on the MAR require the charting of the *reason* the medication is given/applied also required is *follow-up* charting in **Therap by doing a T-Log and adding the follow-up to the MAR.**
2. If a Prescribed PRN is given prior to leaving your shift the next shift person on should chart the follow-up. It is each staff person's responsibility to check the PRN MARS on each shift.
3. If no improved results after 1-2 hours, contact facility nurse.
4. If nurse provides further instruction chart in a T-Log.

Documentation for STANDING ORDERS

1. Comfort medications administered from the ***Standing Orders*** shall be documented on the Standing Orders Documentation sheet located in the MAR book. If the results do not resolve the condition in 1-2 hours, contact the facility nurse.
2. On the Documentation Sheet fill in each box on the form. Enter date and time medication is given, medication dose and route and reason the medication is being given and initials of person administering medication in the corresponding boxes. Staff must follow up within 1-2 hours and chart the results or response to the Standing Order medication given, if any.
3. If nurse provides further instruction chart in a T-Log.

Temporary 2026 February CEDAR SOUTH SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1.	2. CS Pickup warren 3p	3.	4. CS Pickup warren 3p Staff Mtg	5. CS Pickup warren 3p	6. Carol on call	7. Carol on call Kelsey Admin
9a-2p-Angela 2p-8p-Amy 3p-8p-Kristin 8p-8a-Kristin	6a-6p-Amy 2p-8p-Kristin 6p-8p-Angela 8p-6a-Angela	6a-8a(AW)Sara 6a-6p-Rachel 8a-3p-Sara 3p-8p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 3p-8p-Sara 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-8p-Kristin 6p-8p-Angela 8p-8a-Angela	7a-8p-Sara 8a-12p-Amy 12p-8p-Kristin 8p-9a-Gena	9a-9p-Gena 9a-6p-Amy 9p-9a-Gena
8. Carol on call Kelsey Admin	9. CS Pickup warren 3p	10.	11. CS Pickup warren 3p	12. CS Pickup warren 3p	13. Kim on call	14. Kim on call Jenelle Admin
9a-4p-Amy 2p-8p-Laura 4p-8p-Sara 8p-8a-Liz	6a-6p-Amy 3p-8p-Kristin 6p-8p-Angela 8p-6a-Angela	6a-8a(AW)Amy 6a-6p-Rachel 8a-3p-Amy 3p-8p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 3p-8p-Sara 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-8p-Kristin 6p-8p-Angela 8p-8a-Angela	7a-8p-Sara 8p-8p-Kristin 8p-9a-Gena	9a-9p-Gena 8a-6p-Amy (Kristin training for outing) 9p-9a-Gena Valentine's Day
15. Kim on call Jenelle Admin	16. CS Pickup warren 3p	17.	18. CS Pickup warren 3p	19. CS Pickup warren 3p	20. Rachel on call	21. Rachel on call Kelsey Admin
9a-3p-Angela 2p-8p-Amy 3p-8p-Kristin 8p-8a-Kristin	6a-6p-Amy 3p-8p-Kristin NO DAC/ODC 6p-8p-Angela 8p-6a-Angela	6a-8a(AW)(SB)Amy 6a-6p-Rachel 8a-3p-(SB) Amy 3p-8p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 3p-8p-Sara 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-8p-Kristin 6p-8p-Angela 8p-8a-Angela	7a-8p-Sara 8a-12p-Amy 12p-8p-Kristin 8p-9a-Gena	9a-9p-Gena 8a-2p-Rachel 2p-6p-Amy 9p-9a-Gena
22. Rachel on call Kelsey Admin	23. CS Pickup warren 3p	24.	25. CS Pickup warren 3p	26. CS Pickup warren 3p	27. Amy on call	28. Amy on call Jenelle Admin
9a-2p-Amy 2p-8p-Paige 2p-8p-Laura 8p-8a-Liz	6a-6p-Amy 3p-8p-Kristin 6p-8p-Angela 8p-6a-Angela	6a-8a(AW)Amy 6a-6p-Rachel 8a-3p-Amy 3p-8p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 3p-8p-Sara 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-8p-Kristin 6p-8p-Angela 8p-8a-Angela	7a-8p-Sara 8p-8p-Kristin 8p-9a-Gena	9a-9p-Gena 8a-6p-Kristin 9p-9a-Gena

2026 CEDAR NORTH FEBRUARY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Only SO home 8-130p	Only SO home 8-130p	Only SO home 8-130p	Only SO home 8-130p	All Clients Home	
1.	2.	3.	4. STAFF MEETING	5.	6. Carol on call DN Meals/Coupons	7. Carol on call Admin-Kelsey
9a-4p-Sara 4p-8p-Jenn 8p-8a-Jenn	6a-3p-Margaret 12p-8p-Kim	6a-4p-Margaret 11a-8p-Carol	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 12p-8p-Kim	6a-3p-Margaret 8a-8p-Kim	9a-9p-Carol
8p-8a-Jenn	8p-8a-(JE) Jenn	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy	8p-9a-Amy	9p-9a-Carol
8. Carol on call Admin-Kristal	9.	10. SA Outing-4hrs total	11.	12.	13. Kim on call DN Meals/Coupons	14. Kim on call Admin-Janelle
9a-4p-(KK) Sara 4p-8p-Jenn 8p-8a-Jenn	6a-3p-Margaret 2p-8p(KK)Lori 12p-2(KK)	6a-4p-Margaret 11a-8p-Carol	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 12p-8p-Kim	6a-3p-(CU)Margaret 8a-8p-Kim	9a-9p-Sara
15. Kim on call Admin-Kristal	16.	17. SA Horse Therapy/lappt	18.	19.	20. Rachel on call DN Meals/Coupons	21. Rachel on call Admin-Kelsey
9a-4p-Sara 4p-8p-(JY)Lori 8p-8a-(JY)Amy	6a-3p-Margaret 12p-8p(KK)Sara 6a-8a-Carol	6a-4p-Margaret 11a-8p-Carol	6a-3p-Carol 12p-8p-Kim	6a-9a-(CU) Margaret 9a-8p-Kim	6a-3p-Carol 8a-8p-Kim	9a-9p-Sara
22. Rachel on call Admin-Kristal	23.	24. SA Horse Therapy/lappt	25.	26.	27. Amy on call DN Meals/Coupons	28. Amy on call Admin-Janelle
9a-4p-Sara 4p-8p-Jenn 8p-8a-Jenn	6a-3p-Margaret 12p-8p-Kim	6a-4p-Margaret 11a-8p-Carol	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 8a-8p-Kim	9a-9p-(SB) 9a-1p-Lori 1p-8p(SB)
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy	8p-9a-Sara	8p-9a-(SB)Amy
March 1						